ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS

BIRTH NO. 102- 171

	DIVISION OF VITAL BOX			
	CERTIFICATE OF BI	RTH	PAR'S NO. 87	
••	OEIVIII -	HEGIST	OTHER (WHERE DOES MOTHER LIVE!)	
-11				
н		A. STATE	Cochise	
Gila		APT VIIIA	DRATE LIMITS, WRITE RURAL)	
TSIDE CORPORATE LIM	TS WRITE RURALI	C. CITY (IF OBTSIDE COM-		
TRIDE CORPORATE EL	•	TOWN	Douglas	
Miami		D. STREET	(IF RURAL, GIVE LOCATION)	
THE NAME OF THE PARTY OF THE PA	AL OR INSTITUTION, GIVE STREET AU.	ADDRESS		
R DRESS OR L	OCATION)	1		
Miami-Inst	piration Hospital	B. (MIDDLE)	C. (LAST)	
	A. (F)RST)		CARTER	
- TI	AST	DEWAINE	6R H	OUR
	FLOYD		(MONTH) (DAY) (TEAR)	м
SA. THIS BIRTH	t (THIS CHILD)	col piptu	Fahruary 20,1929	м
SINGLE [] TWIN []	TRIPLET [] 1ST [] 2ND	3RB LI BIKT	February 20, 1929	
SINGLE LI TWIN B	CATHED	OF CHILD	L - COLOR OR RACE 9. AGE (AT	TIME
		(LAST)	8. COLOR OR RACE 9. AGE (AT	віяти
A. (FIRST)	B. (MIDDLE) C.	(CV31)	1 66	
	Ø	Carter	11112 00	OR
Guv	SOVOTO SITT BIRTHPLACE (STATE OR FOREIG	N 12A USUAL OCCUPATIO	N 12B. KIND OF BOSINESS	
IDENCE (WHERE DOL	S 11. BIRTHPLACE (STATE OF FOREIG	" """	11122	
71	Sullivan Missouri	\		
izona.	SULLIVER MILESONIE	OF CHILD	Las COLOR OF PACE 15, AGE (A	- TIME
		C. (LAST)	14. COLOR OR RACE 15. AGE (A	BIRTHI
EN NAME A. (FIRST)	B. (MIDDLE)	C. (EAST)	1 1 - 4	
EM MANUE W.	Nt. a	Wells	MIN US	
Lena	Mae		TO THIS MOTHER (INCLUDING THIS CHIL	OTHER
E (STATE 17A. USL	IAL 17B, KIND OF BUSI-	THER	IC. DOW WILLIAM SERVER WE	:α¢ STILL.∗
INTRYI CCC	UPATION NESS OR INDUSTRE	CHILDREN ARE NOW LIV.	CHILDREN WERE BORN CHILDREN THE	DEAD AF
rizona		INGT	ALIVE BUT ARE NOW BORN (BORN TER 5 MONT DEAD?	THS PREG
THE INFORMA- 19. F	ARENT'S SIGNATURE	}	INANCTI	
.18 IS CORRECT .			208. ATTENDANT AT BIRTH	OTHER
	TENDANT'S, SIGNATURE		M. D. W MIDWIFE	SPECIFY
	TENDAST S. SIGIRATORE		D. O. D	
HE BIRTH	T /// (1000)		20D. DATE SIGNED	
	STATE OF THE PARTY		100.	
DEAD ON 20C. A	DDRESS			- NAFA
354.0	mi Arizona		22. DATE ON WHICH GIVEN NAME	E ADDED
	EGISTRAR'S SIGNATURE		BY	
C'D BY 218.) RI	ζ() '		KE.	GISTRAR
25,1929 ((oreture.			
Character Trees				
			TOP TOP	DELIVER
_		OMPLICATIONS OF PREG.	24B. STATE ANY OPERATION FOR	
CF 23B. WEIGHT	AT BIRTH 24A. STATE ANY C	LABOR		
4C4	1		- HOTHER WAVE	A SERO.
1 1	OZS.	URYL 24F. WAS PROPHYLA	CTIC DRUG 24F. DID MOTHER HAVE LOGICAL TEST FOR	SYPHILIS
E ANY CONGENITAL	24D. DESCRIBE ANY BIRTH INJ	USED IN BADY		NO []
IATIONS	1 100 non 00	YES []	NO I TES LI BATTA	
• -	コーコかつりゃぶんぶひゃ ヴィ	MOTHER'S NAME AND	MAILING ADDRESS	
	1 47 1 000 V	rw J		